

Name of Section/Unit: CORRECTIONS/RPDC 3

RAPIDES PARISH SHERIFF'S DEPARTMENT ATTENDANCE RECORD

Approved: _____
 Period Beginning: 11/12/2018
 Period Ending: 11/25/2018

CODES:
 - On Duty
 C - Office Closed
 D - Regular Day Off
 A - Annual Leave
 B - Sick Leave
 P - Personal Leave (Explanation Attached)
 M - Military Leave (Copy of Orders Attached)
 K - Compensatory Leave
 O - On Leave Without Pay
 W - Absent Without Pay
 R - Suspended or Laid Off
 S - Separated Employee
 N - New Employee (Before Starting)
 T - Transferred Employee

Empl. Unit	Name	Empl. ID #	K-Time	M	Tu	W	T	F	Sa	Su	M	Tu	W	T	F	Sa	Su	M	Tu	W	T	F	Sa	Su	Total Hours	Accum. Hrs.	Total	Notes
	[REDACTED]	91293	115	D	D	12	12	12	D	D	12	12	12	12	6A	A	A	48	115	✓30					48	115	✓30	
	[REDACTED]	92051	174.5	D	D	B	B	D	D	D	12	12	12	12	6C	12	12	60	180.5						60	180.5	✓24	
	[REDACTED]	92272	260	D	D	12	12	12	D	D	12	12	12	12	6C	12	12	72	254						72	254		
	[REDACTED]	92708	187	D	D	12	12	12	D	D	12	12	12	12	6C	12	12	84	195						84	195		
	[REDACTED]	92651	160	D	D	12	12	12	D	D	12	12	12	12	6C	12	12	84	195						84	195		
	[REDACTED]	92702	129	D	D	12	12	12	D	D	12	12	12	12	6C	12	12	84	195						84	195		
	[REDACTED]	92748	145	D	D	12	12	12	D	D	12	12	12	12	6C	12	12	84	195						84	195		
	[REDACTED]	92742	146.5	D	D	12	12	12	D	D	12	12	12	12	6C	12	12	84	195						84	195		
	[REDACTED]	92660	216.5	D	D	12	12	12	D	D	12	12	12	12	6C	12	12	84	225.5						84	225.5		
	[REDACTED]	92951	211	D	D	12	12	12	D	D	12	12	12	12	6C	12	12	84	220						84	220		
	[REDACTED]	92844	18	D	D	12	12	12	D	D	12	12	12	12	6C	12	12	84	217						84	217		
	Dep. Jerry McKinney			D	D	12	12	12	D	D	12	12	12	12	6C	12	12	36							36			

Attendance Certified Correct:

Immediate Supervisor: Sgt. L. Floyd

Date: 11/25/2018

Warden: _____

Date: 11/27-18

Division Major: _____

Date: _____



RAPIDES PARISH SHERIFF'S DEPARTMENT ATTENDANCE RECORD

Approved: _____
 Period Beginning: 11/26/2018
 Period Ending: 12/9/2018

Name of Section/Unit: CORRECTIONS/RPDC 3

CODES:

- On Duty
 C - Office Closed
 D - Regular Day Off
 A - Annual Leave

B - Sick Leave
 P - Personnel Leave (Explanation Attached)
 M - Military Leave (Copy of Orders Attached)
 K - Compensatory Leave

O - On Leave Without Pay
 W - Absent Without Pay
 R - Suspended or Laid Off
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N - New Employee (Before Starting)

T - Transferred Employee

Empl Init.	Name	Empl ID #	K-Time Bal	M 26	Tu 27	W 28	T 29	F 30	Sa 1	Su 2	M 3	Tu 4	W 5	T 6	F 7	Sa 8	Su 9	Total Hours	Accum. K- Time	Total A	Taken B
		91293	115	D	D	12	12	D	D	D	12	12	1	D	12	12	12	85	116		
		92051	180.5	D	D	12	12	D	D	D	12	12	3	D	B	12	12	75	183.5		12
		92272	254	D	D	12	12	D	D	D	B	12	1	D	12	12	12	73	255		12
		92708	193	D	D	12	12	D	D	D	12	12	1	D	12	12	12	84	193		
		92651	166	D	D	12	14	D	D	D	12	12	1	D	12	12	12	86	167		
		92702	135	D	D	12	12	D	D	D	12	12	1	D	12	12	12	84	135		
		92748	151	D	D	A	A	D	D	D	A	A	1	D	A	A	A	0	151	84	
		92742	152.5	D	D	12	14	D	D	D	12	12	1	D	12	12	12	86	155.5		
		92660	222.5	D	D	12	12	D	D	D	12	12	1	D	12	12	12	84	222.5		
		92851	217	D	D	12	12	D	D	D	12	12	1	D	12	12	12	84	217		
		92844	24	D	D	12	12	D	D	D	12	12	1	D	12	12	12	84	24		
				D	D	12	12	D	D	D	0	0	1	D	0	0	0	24			

Dep. Jerry McKinney

Attendance Certified Correct:

Immediate Supervisor: Sgt. L. FloydDate: 12/9/2018Warden: [Signature]Date: 12/12/18

Division Major: _____

Date: _____